

Aging and Disability Services Division (ADSD)

Food Safety Tutorial Exam – Answer Sheet

Please Print Clearly

Name (First/Last): _____ Date: _____

Organization: _____

Mailing Address: _____

Manager's Name: _____

Fill in the circle that corresponds to your answer for each question of the ADSD Food Safety Tutorial. Each question has an answer that is most correct.

	A	B	C	D
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

E-mail or fax the completed answer sheet to your RD Specialist:

Ashley McGee ashleymcgee@adsd.nv.gov Fax: (702) 486-3236

Judy Ferrer jferrer@adsd.nv.gov Fax: (775) 688-2969

Katrina Fowler klfowler@adsd.nv.gov Fax: (702) 486-3236

Shirley Chantrill schantrill@adsd.nv.gov Fax: (775) 753-8543

Faxed answer sheets must be put to the attention of your RD Specialist.

*If Debbie Enos was your RD, please send your exam to Judy Ferrer

Revised 6/2015

ADSD Use Only

Date Received: _____ Score: _____ Pass: ☐ Yes ☐ No

Date Certificate of Completion Mailed (if applicable): _____